	Under the Paper	work Reduction Ac	n of 1995, no p	ersons are	required to	U. S. Pa	A tent and Trac	prov Jema matic	ved for use the rk Office; U.S on unless it di	ough I DEP	PTO 0/31/2002. (ARTMENT O a valid OMB	VSB/06 (08-00) DMB 0651-003 OF COMMERC
		APPLICATIO						ŧ	pplication or			8
CLAIMS AS FILED - PART I (Column I) (Column 2)								LLI	ENTITY	OR	OTHER SMALL	
FOR NUMBER FILED					NUMBE	RA*	E	FEE]	RATE	FEE	
BASIC FEE (27 CFR) 16(4))								s	OR		s740,-	
TO	TAL CLAIMS CFR 1.16(c))		24 minus 20 =		· · · 4		x \$_	=		OR	x\$ =	72,00
	DEPENDENT CL CFR 1.16(b))	AIMS	migrous 3 =		• 0		×	_=		OR	x =	7870
MULTIPLE DEPENDENT CLAIM PRESENT (17 CFR 1.16(d))] +	. =		OR	+ =		
* If the difference in column 1 is less then zero, enter "0" in column 2 TOTAL OR TOTAL										8/2-		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAI	JL E	ENTITY	OR	OTHER T	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREV	HEST MBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	Minus	**			x \$		0	OR OR	x \$=	
	Independent (37 CFR 1.16(b))	•	Minus	***		=	×	. =	0	OR	×	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.14(d))						+	_ =		OR	+=	
(Column 1) (Column 2) (Column 3)							TOTA ADDIT. FE			OR A	TOTAL DDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	EMAINING AFTER		HEST MBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	Minus 4			=	\ s	-		OR	x \$=	
	Independent (37 CFR 1.16(b))	•	Minus	***		=		_=		OR OR	x=	
,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))							=		OR	+=	
(Column 1) (Column 2) (Column 3)								AL EE		OR	TOTAL DDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IEST IBER DUSLY FOR	PRESENT EXTRA	RATI	3	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1,16(c))	*	Minus **			=		=]	OR	x \$=	
	Independent (37 CFR 1.16(b))	* Minus		***		-	x	=		OR OR	x=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							==		OR	+ ≈	1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".												

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.